clinically, there is some doubt if true papilloma should be included in the same class with sarcoma and carcinoma.

EMISSIONS IN THE FEMALE.

ROBINSON (*Med. Age*, 1890, No. 7) calls attention to the fact that under the influence of erotic dreams there occurs a profuse secretion from Bartholin's gland which is similar to nocturnal emissions in the male. The patient after such a discharge frequently awakens in the morning with backache and a feeling of malaise. At the moment of emission there may be a painful spasm of the constrictor cunni muscle. Self-abuse, imperfect coitus, sudden suspension of sexual relations (as in young widows) are the usual etiological factors. If the emissions continue the patient becomes neurasthenic. The treatment consists in improving the general condition, toning up the nervous system, and regulating the sexual hygiene.

PÆDIATRICS.

UNDER THE CHARGE OF
JOHN M. KEATING, M.D.,
OF PHILADELPHIA,
A. F. CURRIER, M.D., OF NEW YORK, AND W. A. EDWARDS, M.D., OF SAN DIEGO, CAL.

STERILIZATION OF MILK.

CHAPIN (*Medical Record*, June 21, 1890). The method of sterilizing, as between boiling and steaming, is a point of some interest. Prolonged boiling of milk, while destroying the germs, produces other changes, such as the formation of a scum in contact with air, consisting of coagulated albumin with a small modicum of fat. According to Dr. Townsend, boiling expels about three per cent. of CO_2, N and O, which may explain the flat taste of milk so heated. Sterilization by steam appears to be more thorough and complete than that effected by boiling in water. For the past year, Dr. Chapin has used the "Arnold" steam cooker, with much satisfaction. The printed circulars advise that the milk be heated from 30 to 45 minutes. This is too short a time; fully an hour and a half is needed to keep milk sweet for any length of time.

Dr. Chapin's experiments showed that the prolonged heat necessary for thorough sterilization has a tendency to cause the coagulation of the casein to take place in smaller clots and thus more closely resemble that of mother's milk.

ADENOID TUMORS OF THE NASO-PHARYNX IN CHILDREN.

CHAUMIER (*Le Concours Méd.*, March 22, 1890). In children seven or eight years of age these tumors are of frequent occurrence. At the age of eighteen or twenty they tend to disappear spontaneously. They are not due to scrofula, and it is questionable whether microörganisms have anything to do with their causation. On this latter point nothing definite is known. It is possible that heredity may have something to do with their etiology. Of 232 cases which the author had seen, the ear was affected in 31, and manifest deafness was present in 24 of that number. In 9 there was chronic otorrhœa, and in 9 others a catarrhal discharge. The author feels that deafness in children, in general, may be associated with adenoid growths, and the same is true of most of the chronic catarrhs of childhood. Mouth-breathing is another symptom in such cases, which is frequently observed. Other symptoms are arching of the palate to an unusual extent, and thickness of the upper lip. In 75 of the cases seen by the author, the tonsils were sufficiently large to require excision. In 28 cases there were large adenoid granulations on the bucco-pharyngeal mucous membrane. In 16 the cervical glands were enlarged. Respiration was constantly interfered with from nasal obstruction, with hypersecretion of mucus. There are three forms of complication to which too little attention has heretofore been given, namely, laryngo-bronchial accidents, nocturnal terrors, and angina. In cases in which cough is a symptom, there may also be paroxysms of suffocation of asthmatic character, which are especially prone to occur at night. Nocturnal terrors in these cases are the result of respiratory trouble during the hours of sleep. Angina is very common, but is often so mild as to escape the attention of parents. Adenoid tumors may be of grave significance, since they may lead to loss of hearing, arrest of intellectual development, and deaf-mutism. They may even cause death by the propagation of purulent inflammation from the ear to the brain. Bronchitis is frequently due to this cause. Such tumors should, therefore, be sought for in all children who are mouth-breathers; in those who have catarrhal discharges from the ear; in those who are deaf; in those whose articulation is defective; in deaf-mutes, idiots, and backward children; in those who are subject to bronchitis and asthma; and in those who suffer from nightmare. Posterior rhinoscopy will reveal the presence of the tumors, and digital examination of the naso-pharynx will enable one to feel them. With very young children, however, rhinoscopy will be difficult or impossible. The treatment consists in the destruction of the tumors with cutting forceps or adenotomes, or they may be scraped away with the finger or curette. The nasal douche may also be used, especially if there is trouble with the Eustachian tubes. During the night after the first treatment it is not unusual that there should be paroxysms of cough or suffocation.

CLINICAL OBSERVATIONS ON THE TREATMENT OF RHACHITIS WITH SMALL DOSES OF PHOSPHORUS.

MANDELSTAMM (*Jahrb. f. K.*, xxx. 4). The following conclusions are offered:

1. Clinical observation justifies the treatment of rhachitis with small doses of phosphorus.
2. Phosphorus acts upon the rhachitic process better, quicker, and more safely than any other agent.
3. The use of phosphorus in small doses for a long period of time is well tolerated by children, and causes no perceptible disturbance.

4. Phosphorus acts satisfactorily upon the nervous disorders which accompany rhachitis, such disorders disappearing quickly, and the general condition improving rapidly.

5. Periodical measurements and weighings of rhachitic children treated with phosphorus, as well as investigation of the condition of the bones, show that under the influence of this agent the rhachitic process usually ceases to progress, the disease gradually disappearing.

INFLUENZA IN CHILDREN.

KORMANN (*Wien. med. Blätter*, Nos. 51 and 52, and *Rev. Mens.*, April, 1890). There are certain essential differences in the symptoms of this disease as it appears in children from that form which is seen in adults. With children fever and cerebral symptoms at the beginning of the disease are of primary significance. Rudimentary forms may be manifested by general malaise, lassitude, want of activity, and disinclination to play. In well-developed cases the disease usually begins abruptly the same as in adults, but instead of well-marked chills there are usually only chilly feelings alternating with feelings of heat. The chilliness may be accompanied with convulsions, and the latter be succeeded by drowsiness which may last twenty-four hours or more. When very young children have this disease they are apt to be fretful and complain whenever any change is made in their position. Older children complain of pains in the head, the lumbar region and the limbs, and there may also be intense mental dulness, which may even extend to loss of consciousness. Other symptoms are loss of appetite, paroxysms of cough, vomiting, or diarrhœa. In grave cases death may occur within forty-eight hours. In the majority of cases the pathological process is limited to the mucous membranes, the respiratory passages being first attacked, after which may follow conjunctivitis, epiphora, difficulty in deglutition, deafness, and possibly cough. In very young children there may be dyspnœa of an alarming character. There is usually swelling of the cervical ganglia. Psychical excitation characterizes some cases, while with others there is depression. The nervous symptoms are apt to improve after three to six days. A crisis in the disease may be marked by sweating, and instead of the dry cough there may be expectoration of mucus. Convalescence is slow, lasting eight or ten days. Complications during the disease, or during convalescence, are more common in children than in adults. There may be chronic bronchitis, caseation of the bronchial glands, acute miliary tuberculosis and tubercular meningitis. Of the acute complications the most common are pneumonia and croupous bronchitis, which are ushered in by chills, and sometimes by convulsions in addition. The mucous membrane of the nose is usually hyperæmic, and may have a grayish deposit adherent to it. The same condition may involve the entire bucco-pharyngeal mucous membrane, and may even extend into the bronchi. There is rarely any extensive morbid change in the organs of the digestive apparatus, but a catarrhal swelling of the mucous membrane of the stomach is common enough. There may also be swelling of Peyer's patches and the closed follicles. The spleen is usually not swollen. Disorders of the nervous system are more marked with children than with adults in this disease. The hyperæmia of the Schneiderian membrane may be responsible for severe pain in the head. Hyperæsthesia may be present upon the face or scalp, or it may include the entire surface of the body. There may be local or general convulsions and trembling of the tendons and of the extremities. Cutaneous phenomena may be urticaria, the exanthem of scarlatina, rubeolous spots, and erythemata due to vasomotor trouble. Dyspnœa may be intense, and not related to lesions of the bronchi, but to neuroses of the bronchial muscular fibres and the diaphragm. It may be of a paroxysmal, intermittent character, perhaps amounting to orthopnœa, with intense præcordial anxiety. In some cases there is a predominance of gastro-intestinal troubles. The prognosis will vary with the character of the epidemic, but it may be considered grave, in general, for young infants. The treatment should be symptomatic, especial attention being paid to the general condition, and to the relief of catarrhal difficulty.

HEMIPLEGIA IN CHILDREN IN CONNECTION WITH PNEUMONIA OF THE APICES.

AUFRECHT (*Rev. mens. des Mal. de l'Enf.*, May, 1890). Two cases of this character were observed. The first occurred in a boy fifteen months old, the upper lobe of the right lung being affected. On the eighth day there was a right hemiplegia, which disappeared entirely in fifteen days. The second case was in a girl two years and three months old, the pneumonia involving the left apex. There were severe convulsions at the beginning, which were followed by hemiparesis of the entire left side, but the paralysis lasted only a few hours. Lcpine believed that pneumonic hemiplegia occurs almost exclusively among the aged, and he attributes it to an atheromatous condition of the vessels, the paralysis being consecutive to ischæmia of the central nervous system. Atheroma of the cerebral vessels may predispose to the ischæmia, and also reflex action proceeding from the pneumonic process in the lung. Stephan has seen pneumonic hemiplegia in those whose arteries were not atheromatous, hence atheroma cannot be a universal cause. If there is no anatomical change in the brain and meninges, he believes that the hemiplegic pneumonia, in the form of uræmic paralysis, develops under the influence of a toxic substance which, joined to the reflex action proceeding from the diseased lung, causes ischæmia of the nerve-centres, by acting on the vasomotor nerves. Aufrecht thinks that pneumonic hemiplegia in children is due to œdema of the brain and meninges.

PERICARDITIS IN CHILDHOOD.

KNOFF (*Rev. mens. des Mal. de l'Enf.* April, 1890). The author's report includes 10 cases of pericarditis in children. Of these 10 there were 3 under one year of age, 3 between one and two, and 4 between six and ten. Pericarditis in the newborn is usually due to a septicæmic process, which starts from the maternal organism, or else from the umbilicus of the child. Of the chronic diseases which predispose to pericarditis, tuberculosis is a good illustration, as are also all the inflammatory processes of the pleura, lungs, sternum, vertebral column, bronchial and mediastinal glands, thymus, and œsophagus. Pericarditis may also follow inflammation of the abdominal organs and the peritoneum. In six of the author's cases the disease followed inflammation of the pleura and lungs, in one it followed chorea, in two scarlatina, and in one the cause was not ascertained. In very young patients there is often an absence of the ordinary physical signs which reveal the disease in the adult, including weakening of the heart-sounds and increase in the area of cardiac dulness. In fact the disease may develop without any appreciable symptom. Autopsies made by the author showed that the exudation was usually not abundant, and hence it could not influence the position of the heart, the area of dulness, or the relative position of contiguous organs. The exudation was also fluid in character, without fibrinous deposit, and hence the absence of friction murmurs. In older children the diagnosis is also a matter of difficulty, and when pericarditis is suspected an examination should be made every day, to observe the slightest modifications which may occur in the physical signs. The earlier in the case a diagnosis is made the more favorable will it be as to treatment. Among the unfavorable complications may be mentioned adhesion together of the two layers of the pericardium, for paralysis of the cardial muscle will result with extensive dropsy. Symptoms of this form of cardiac paralysis are small and frequent pulse, subnormal temperature, œdema of the cheeks, lids, and lower extremities, and albumin in the urine.

Diabetes Mellitus in Children.

Stein (*Arch. f. K.*, xi. 5 and 6). The recorded cases of this disease in children are not numerous. The author could find only 117, and 75 of these were published subsequent to 1876. An analysis of these cases showed the importance of heredity from an etiological standpoint, the parents being either diabetic or neuropathic. The influence of other diseases was seen in the fact that the diabetes was complicated by gastric catarrh, morbus maculosus Werlhofii, typhoid, malaria, measles, and furunculosis. The causative influence of a starchy diet, exposure to cold, and concussion of the brain, was noted in some of the cases. The initial symptoms varied; in fact, the beginning of the disease was seldom observed. In some instances there was emaciation, peevishness, enuresis, or intense hunger. Polyuria was the principal symptom, and the quantity of urine passed was sometimes enormous. The specific gravity varied from 1008 to 1042, and the quantity of sugar from five to ten per cent. Other symptoms which might be added were weakness, sweating, nosebleed, furuncles, abscesses, and cataract. As might be expected, the digestive organs gave marked evidence of the drain to which they were exposed. The patients exhaled a characteristic odor of vegetables, apples, or wine, and in some cases there were carious teeth, loss of appetite, vomiting, constipation, or diarrhœa. Death resulted in those cases in which the respiratory organs became affected. Nothing definite could be concluded from the pathological anatomy. The duration of the disease varied from two days to five years. In 6 cases the disease was fatal in a month, in 17 within a year, in 10 it continued more than a year, none of the cases being cured. Of 70 cases there was recovery in 14, improvement in 4, and death in 52. The regulation of the diet forms the most important feature of the treatment. Sour milk, to which glycerin and mannite were added, with three parts of boiled water to one of milk, was given to nursing-infants with satisfactory results, the sugar disappearing permanently from the urine. The diet for older children was limited to soup, roast meat, raw eggs, cheese, and sour milk, sugar and starchy food being prohibited. Cod-liver oil and iron were also given with satisfaction. The alkaline carbonates were found serviceable, also large doses of mineral acids, which were given before breakfast and dinner. To the foregoing list of medicinal agents might be added the acetate and sulphate of iron, and salicylate of soda.

PURPURA.

VON DUSCH (*Rev. mens. des Mal. de l'Enf.*, May, 1890). The author is in accord with Henoch in regarding purpura as a distinct disease. He has seen about thirty cases in children, most of whom were two or three years of age, in bad hygienic surroundings, and badly nourished. Medical aid was summoned for most of the patients on account of profuse nosebleed, the nasal cavities requiring tamponning. The ecchymoses were well marked from the beginning, and were usually disseminated over the entire body with the exception of the face and hands. Purpuric spots were of frequent occurrence upon the bucco-pharyngeal mucous membrane. The disease lasted one to three weeks, and always resulted in cure.

Rheumatic purpura is a distinct form of the disease, and occurs in successive attacks, which are separated by remissions during which the patient may appear perfectly well. The spots in this variety appear upon the extremities, especially the lower ones. The duration of this variety is from a few weeks to as many months. There may be three subdivisions: First, that in which there are joint affections, some of the joints being painful or swollen; second, that in which there is concomitant intestinal disorder, in the form of colic, bloody vomiting, intestinal hemorrhage, but no articular symptoms; third, that in which there are both intestinal disorder and articular lesions. This variety of the disease may terminate fatally. In purpura hemorrhagica there is a change in the blood, in rheumatic purpura the symptoms are due to embolic processes.

THE TREATMENT OF INTUSSUSCEPTION.

BRINTON (*Arch. f. K.*, xi. 5 and 6). The author has collected from various sources 500 cases in which there was fatal intestinal obstruction, 215 of them being due to invagination of the intestines. The methods which are commonly used for the relief of this trouble consist in the introduction into the bowel of an elastic bougie, as far as may be necessary or suitable, the injection per rectum of a large quantity of hot water, or the injection of air. The latter method has frequently been tried in children, and has frequently been successful, especially if an anæsthetic has been used as an adjuvant. Operations of this character must neither be of too long duration, nor should they be attended with much violence. It may be necessary to repeat the operation several times, and the possibility of rupturing the intestines must ever be considered.

Barker has collected 63 cases in which laparotomy was performed on account of intestinal obstruction, and in 34 of them relief was obtained. This operation must be performed early in order to be successful, though Carver has reported a successful case in which the diseased condition had lasted seven weeks at the time the operation was performed.

DIGESTIVE DISORDERS IN CHILDREN, AND THE DIAGNOSIS OF THE SAME.

MONCORVO (*Arch. f. K.*, xi. 5 and 6). The author concludes his paper in the following propositions:

1. Disorders of digestion in children are very common in Brazil.
2. The high temperature of tropical climates during the long summer tends to the frequent development of gastric disorders in children, and this may be more or less influenced by the excessive sweating which the heat insures.
3. Gastro-intestinal diseases often coexist with dilatation of the stomach in children more than two years of age.
4. In children under two years of age defective gastric digestion is usually caused by diminution or absence of free hydrochloric acid in the gastric juice.
5. In the subsequent years of life cases sometimes occur in which there is excess of acid in the stomach, but, as a rule, there is a deficiency, or a want of it, in dyspeptic children.
6. The remedy for deficiency in the supply of acid in the gastric juice consists in the proper use of hydrochloric acid.

PATHOLOGY AND TREATMENT OF TUMORS OF THE LYMPH-GLANDS OF A SCROFULO-TUBERCULOUS CHARACTER.

WOHLGEMUTH (*Arch. f. K.*, xi. 5 and 6). The author's paper concludes as follows:

1. Tubercular disease of the glands is very common during the first ten years of life.
2. The glands of the neck are involved in the majority of cases of this disease.
3. The susceptibility of boys and girls to this disease during this period seems to be about the same.
4. The prognosis of tubercular disease of the glands in young children is generally better than it is in adults.
5. If the tubercular disease of the glands is diffuse the prognosis is less favorable than if it is local.
6. Removal of tuberculous glands in children by operation is not dangerous, nor is there danger of local recurrence nor of general tuberculosis if the diseased tissues are thoroughly removed. Radical means should, therefore, be used fearlessly.

OLEUM RUSCI IN DIPHTHERIA.

Tinctura rusci composita is recommended by **SCHENDEL** in diphtheria, given in half teaspoonful doses every hour during the day, and every two hours during the night. Children under two years received a smaller amount. Nothing else was used; no local application; diet was carefully regulated.

After three or four doses, the general symptoms disappeared; child roused itself from its apathy, and became lively; the gray exudation turned yellowish, some falling off and showing a granulating surface below. The tincture was tried in forty-three cases. Twenty-five were of the slighter form, and recovered after three or four days' illness; of the other eighteen, which were reckoned severe cases, two died, one underwent tracheotomy, and the remaining fifteen got well without complications.—*Berlin. klin. Wochensch.*, No. 6, 1890.

Chloral Hydrate, Ergot, and Nitric Acid in the Treatment of Whooping-cough.

R. Stevenson Thomson, in the *Archives of Pædiatrics*, June, 1890, p. 463, arrives at the following conclusion: None of these drugs is a *specific* for whooping-cough. Ergot is absolutely useless. Nitric acid is of no use as a specific, but its well-known tonic action makes it a useful drug when combined with the other means usually employed to improve the health of children suffering from whooping-cough. Chloral hydrate is of considerable service in so far as it mitigates the violence of the paroxysmal cough and diminishes the tendency to convulsions, but it has no influence on the number of paroxysms, nor does it shorten the attack.

Etiology of Infantile Spinal Paralysis.

Charcot (*Rev. mens. des Mal. de l'Enf.*, May, 1890). This disease belongs to the neuro-pathological family, and a neuropathic heredity is frequently traceable in those who suffered with it. The antecedents of the patients will usually reveal nervous affections, including hysteria, epilepsy, or resania. In opposition to this view is the recent statement of Cordier, of Lyons, that he had seen the disease in an epidemic form. In one of Charcot's clinical patients fatigue was an important causative factor, delirium supervening three days after the fatigue, and paralysis of one leg on the day following. There was no period of regression during which the paralysis existed in other parts and then appeared in the leg. For fifteen days after the first accident there was severe pain in the sciatic. Complete loss of all electrical reaction indicated the hopelessness of the case. A second patient was seized with chills without apparent cause, followed, the same evening, by paralysis of the right lower limb. The following night the left leg became paralyzed, and then the arm, though the paralysis in the latter was not pronounced. Retention of urine lasted several days.

Etiology and Treatment of Insomnia in Children.

Simon (*Rev. mens. des Mal de l'Enf.*, May, 1890). The treatment of insomnia will depend upon the age of the child when it is due to digestive trouble. The condition may be the result of too frequent nursing, to improper physical condition of the mother, or to some peculiarity about her milk. With bottle-fed children the insomnia may be traced to the bottle or its contents. Should the insomnia continue after these precautions have been taken, a teaspoonful of lime-water or of Vals water may be given between consecutive nursings, and as a laxative a teaspoonful of syrup of chicory, or a pinch of magnesia in sweetened water. If insomia is due to premature weaning it will usually disappear if the child is restored to the breast. If weaning has occurred at the proper time the regulation of the diet will go far toward relieving any tendency to insomnia. When insomnia is dependent on indigestion in children two years of age and upward a dose of wine of rhubarb or of wine of pepsin at suitable intervals is indicated. To children five or six years of age give a few drops of the following mixture:

℞.—Tinct. quinquinæ	5.00 grammes.
" rhei	2.00 "
" calumbæ	2.00 "
" nucis vom.	0.50 gramme.

All food should be well cooked, and should be finely divided if there be any suspicion that it will not be well masticated.

Insomnia may be attributable to nervous disorders, which may be divided, in this connection, into several groups. The first group would include cerebral sclerosis, chronic hydrocephalus, cerebral tumors, bony lesions, with abscess of the brain. For insomnia from cerebral sclerosis, bromide of potash may be given until relief is obtained, either with or without the iodide. Should this be unavailing, valerian or chloral may be given, with calomel as a laxative. Similar treatment will be suitable with cerebral tumor, or chronic hydrocephalus, but not with cerebral abscess. The insomnia with the latter condition will continue until the pus is evacuated by suitable trepanation. The second group from which insomnia may result includes acute congestion, incipient meningitis, and cerebral irritation. With acute congestion, one should use mild revulsive agents, and, in addition, quinine, aconite, the bromides, and calomel. With incipient meningitis revulsives are also indicated behind the ear or at the nucha. With cerebral irritation, the bromides and chloral will prove beneficial, the latter being given by the rectum. For insomnia with headache, in growing children and those who droop under the confinement of school, a course of bitter tonics, gymnastics, lukewarm baths, and diminution of the hours of study, should be advised. With the neuralgias and chorea, the insomnia may be antagonized by suitable doses of antipyrine. If a child is hysterical, iron, valerian, asafœtida, and warm baths, should be used the same as if no insomnia existed. With epilepsy, if the bromides are ineffectual, strychnine and belladonna should be tried. With all the foregoing conditions galvanization of the head will prove most beneficial in adults, but from the anatomical peculiarities of the case, if it is used in children, the current must be very weak, and not employed more than half a minute at a time. Static electricity is not open to the same objection, and gives admirable results if the insomnia proceeds from chorea, hysteria, headache, gastro-intestinal disorder, or disturbed mental balance. When insomnia is due to pain, as in Pott's disease, coxalgia, white swelling, etc., large doses of quinine will sometimes afford relief. If due to the fevers, opiates must be given, but very gradually, for their depressant action must be remembered, and also the fact that they lock up the secretions. With influenza, quinine or antipyrine will relieve insomnia, and with the rheumatic diathesis the same drugs with the addition of salicylate of soda.